2018 Silver Plan Designs with Cost-Sharing Reductions

VERMONT HEALTH CONNECT

Silver 73 Plans

Note: Silver 73 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at https://vt.checkbookhealth.org or call

2018 Silver 77 Plans Note: Sliver 77 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at https://dr.checkbookhealth.org or call 1855-899-9000.

2018 Silver 87 Plans Note: Sliver 87 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at https://vt.checkbookhealth.org or call 1-855-899-9600.

2018 Silver 94 Plans Note: Silver 94 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at https://vt.checkbookhealth.org or call 1.855-899-9600.

2018	Silver 7	73 Plans	Standard Silver 73		an pair with HSA)	Blue Rewards Silver 73	MVP VT Plus Non-Standard Silver 73	2018 Silv	er 77 Plans	Standard Silver 77	·	can pair with HSA)	Blue Rewards Silver 77	MVP VT Plus Non-Standard Silver 77	2018 Silve	er 87 Plans	Standard Silver 87	,,,	nnot pair with HSA)	Blue Rewards Silver 87	MVP VT Plus Non-Standard Silver 87	2018 Silve	er 94 Plans	Standard Silver 94		nnot pair with HSA)	Blue Rewards Silver 94	MVP VT Plus Non-Standard Silver 94
Deductib	ile/Max. O	Out-of-Pocket	Individual / Family	MVP	BCBSVT	y Individual / Family	Individual / Family	Deductible/M	ax. Out-of-Pocket	Individual / Family	MVP	BCBSVT	Individual / Family	Individual / Family	Deductible/Max	x. Out-of-Pocket	Individual / Family	MVP	BCBSVT	Individual / Family	Individual / Family	Deductible/Ma	x. Out-of-Pocket	Individual / Family	MVP	BCBSVT	Individual / Family	Individual / Family
		Integrated Ded.?	N			Y - \$2,100/ \$4,200	N		Integrated Ded.?			Y - \$1,300/ \$2,600		N		Integrated Ded.?	N		Y - \$1,200/ \$2,400		N		Integrated Ded.?	N	Y - \$550/ \$1,100		Y - \$0/\$0	N
Deductible (D		Medical Ded.	\$2,550/\$5,100	See above	See above	See above	\$1,100/\$2,200	Deductible (Ded.) Waived ¹ for:	\$2,000/\$4,000	See above	See above	See above \$300/\$600		Medical Ded.	\$800/\$1,600	See above See above	See above	\$0		Medical Ded.	\$150/\$300	See above	See above	See above	\$0			
		Waived ¹ for: ee Services below)	Prev, OV, UC, Amb,	Prev	Prev	Prev, Den1 3 PCP/MH OV	Prev, Den1 3 PCP/MH OV		Waived ¹ for: Prev (see Services below)	Prev, OV, UC, Amb, Den1 ⁹	Prev	Prev	Prev, Den1 3 PCP/MH OV	Prev, Den1, 3 PCP/MH	Deductible (Ded.)	Waived¹ for: (see Services below)	Prev, OV, UC, Amb, Den1 ⁹	Prev	Prev	Prev, Den1, 3 P PCP/MH OV	Prev, Den1, PCP/MH OV	Deductible (Ded	Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1 ⁹	Prev	Prev	\$0 Deductible (see above)	\$0 Deductible (see above)
		Prescription (Rx) Ded.	\$300/\$600	N/A	N/A	N/A	\$300/\$600		Prescription (Rx) Ded.	\$200/400 ⁷	N/A	N/A	N/A	\$100/\$200		Prescription (Rx) Ded.	\$150/\$300 ⁷	N/A	N/A	N/A	N/A N/A		Prescription (Rx)	\$0	See above	See above	\$0	\$0
		Waived for:	Rx Generic	Rx Wellness ⁸	Rx Wellness ⁸	Not Waived	Not Waived		Waived for:	Rx Generic	Rx Wellness ⁸	Rx Wellness ⁸	Not Waived	Not Waived		Waived for:	Rx Generic	Not Waived	Rx Wellness ⁸	Not Waived	N/A		Waived for:	N/A	Not Waived	Rx Wellness ⁸	N/A	N/A
Max. Out-of-Pock (MOOP)		Integrated?	Y - \$5,700/ \$11,400	Y-\$4,100/ \$8,200	Y-\$4,100/ \$8,200	Y-\$5,700/\$11,400	Y-\$4,550/\$9,100	Integrated? Max. Out-of-Pocket (MOOP) Medical	Integrated?	Y-\$4,500/ \$9,000	\$3,000/\$6,000	Y \$3,000/ \$6,000	Y-\$5,200/ \$10,400	N	(MOOP)	Integrated?	Y - \$1,600/ \$3,200	Y-\$1,200/ \$2,400	Y-\$1,200/ \$2,400	Y-\$2,000/ \$4,000	N	0/\$4,000 Max. Out-of-Pocket (MOOP)	Integrated?	Y - \$800/ \$1,600	Y-\$550/\$1,100	Y-\$550/\$1,100	Y-\$950/ \$1,900	N
		Medical	See above	See above	See above	See above	See above		t Medical	See above	See above	See above	See above	\$4,500/\$9,000		Medical	See above	See above	See above	See above	\$2,000/\$4,000		Medical	See above	See above	See above	See above	\$950/\$1,900
	F	Prescription (Rx)	\$1,200/\$2,400	\$1,350/\$2,700 Aggregate	\$1,350/\$2,700 Aggregate	\$1,350/\$2,700 Aggregate	\$1,300/\$2,600		Prescription (Rx)	\$1,000/\$2,000	Y-\$1,350/\$2,700	Y-\$1,350/ \$2,700	\$1,350/\$2,700 Aggregate	\$1,300/\$2,600		Prescription (Rx)	\$400/\$800			\$1,350/\$2,700	\$450/\$900		Prescription (Rx)	\$200/\$400			\$950/\$1,900	\$150/\$300
Stacked, E	Stacked, Embedded or Aggregate? ⁶		Stacked ⁶	Embedded ⁶	Embedded ⁶	Embedded ⁶	Stacked ⁶	Stacked, Embed	ded or Aggregate? ⁶	Stacked ⁶	Aggregate ⁶	Aggregate ⁶	Embedded ⁶	Stacked ⁶	Stacked, Embedded or Aggregate? ⁶		Stacked ⁶	Aggregate ⁶	Aggregate ⁶	Aggregate ⁶	Stacked ⁶	Stacked, Embedded or Aggregate? ⁶		Stacked ⁶	Aggregate ⁶	Aggregate ⁶	Aggregate ⁶	Stacked ⁶
Service	Service Category (Examples)		Co-insurance (%) / Co pay (\$)	Co-insurance (%) / Co pay (\$)	Co-insurance (%) / C pay (\$)	co- Co-insurance (%) / Co- pay (\$)	Co-insurance (%) / Co- pay (\$)	Service Cate	gory (Examples)	Co-insurance (%) / Co- pay (\$)	Co-insurance (%) / Co pay (\$)	Co-insurance (%) / Co pay (\$)	Co-insurance (%) / Co- pay (\$)	Co-insurance (%) / Co- pay (\$)	Service Catego	ory (Examples)	Co-insurance (%) / Co- pay (\$)	Co-insurance (%) / Co pay (\$)	Co-insurance (%) / Co pay (\$)	Co-insurance (%) / Co- pay (\$)	Co-insurance (%) / Co pay (\$)	Service Categ	ory (Examples)	Co-insurance (%) / Co- pay (\$)	Co-insurance (%) / Co pay (\$)	Co-insurance (%) / Co pay (\$)	Co-insurance (%) / Co- pay (\$)	Co-insurance (%) / Co- pay (\$)
Р	reventive ((Prev)	\$0	\$0	\$0	\$0	\$0	Preven	tive (Prev)	\$0	\$0	\$0	\$0	\$0	Preventi	ve (Prev)	\$0	\$0	\$0	\$0	\$0	Prevent	ive (Prev)	\$0	\$0	\$0	\$0	\$0
Office Visit	-	PCP or Mental Health (PCP/MH)	\$25	Ded., then 10%	Ded., then 10%	3 visits per person (up to 9 per family) with no cost-share; then deductible applies with co-pay of \$30	(up to 9 per family) with no cost-share; then deductible	;	PCP or Mental Health (PCP/MH)	\$20	Ded., then 10%	Ded., then 10%	3 visits per person (up to 9 per family) with no cost-share; then deductible applies with co-pay of \$30	(up to 9 per family) with no cost-share; then deductible	r) e;	PCP or Mental Health (PCP/MH)	\$10	Ded., then \$0	Ded., then \$0	3 visits per person (up to 9 per family) with no cost-share; then deductible applies with co-pay of \$30	\$5	\$5 Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$5	Ded., then \$0	Ded., then \$0	3 visits per person (up to 9 per family) with no cost-share; then deductible applies with co-pay of \$15	\$5
		Specialist ²	\$65	Ded., then 25%	Ded., then 25%	Ded., then \$50	Ded., then \$60		Specialist ²	\$40	Ded., then 25%	Ded., then 25%	Ded., then \$50	Ded., then \$40		Specialist ²	\$30	Ded., then \$0	Ded., then \$0	Ded., then \$50	\$30		Specialist ²	\$15	Ded., then \$0	Ded., then \$0	\$35	\$10
L	rgent Care	e (UC)	\$75	'Ded., then 25%	'Ded., then 25%	Ded., then \$50	Ded., then \$60	Urgent	Care (UC)	\$50	'Ded., then 25%	'Ded., then 25%	Ded., then \$50	Ded., then \$40	Urgent C	Care (UC)	\$40	Ded., then \$0	Ded., then \$0	Ded., then \$50	\$30	Urgent	Care (UC)	\$25	Ded., then \$0	Ded., then \$0	\$35	\$10
А	Ambulance (Amb)		\$100	'Ded., then 25%	'Ded., then 25%	Ded., then \$50	Ded., then \$100	Ambula	ince (Amb)	\$100	'Ded., then 25%	'Ded., then 25%	Ded., then \$50	Ded., then \$100			\$100	Ded., then \$0	Ded., then \$0	Ded., then \$50	\$50	Ambula	nce (Amb)	\$50	Ded., then \$0	Ded., then \$0	\$35	\$25
Eme	rgency Roc		Ded., then \$250 Ded., then 40%	'Ded., then 25%	'Ded., then 25%	,	Ded., then \$350 Ded., then 50%	Emergenc	y Room (ER) ³	Ded., then \$250 Ded., then 40%	'Ded., then 25%	'Ded., then 25%	Ded., then \$400	Ded., then \$100	Emergency		Ded., then \$250 Ded., then 40%	Ded., then \$0 Ded., then \$0	Ded., then \$0	Ded., then \$250 Ded., then \$500	\$50	Emergency	Room (ER) ³	Ded., then \$75	Ded., then \$0	Ded., then \$0	\$250	\$25
Hospital Ser	vices ⁴	Inpatient Outpatient	Ded., then 40% Ded., then 40%	'Ded., then 25%		Ded., then \$1,500 Ded., then \$1,500		Hospital Services ⁴	Inpatient Outpatient	Ded., then 40%	'Ded., then 25% 'Ded., then 25%		Ded., then \$1,500 Ded., then \$1,500	Ded., then 30% Ded., then \$800	Hospital Services ⁴	Inpatient Outpatient	Ded., then 40% Ded., then 40%	Ded., then \$0 Ded., then \$0	Ded., then \$0 Ded., then \$0	Ded., then \$500	10% \$200	Hospital Services ⁴	Inpatient Outpatient	Ded., then 10%	Ded., then \$0 Ded., then \$0	Ded., then \$0 Ded., then \$0	\$0	\$40
Prescript	ion (Rx) Di	rug Coverage	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	Prescription (R	tx) Drug Coverage	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	Prescription (Rx) Drug Coverage	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	Prescription (R	d) Drug Coverage	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply
	Rx Generic ⁵		\$12	Ded., then \$10 ⁸	Ded., then \$10 ⁸	Ded., then \$5	Ded., then \$5	Rx G	ieneric ⁵	\$12	Ded., then \$10 ⁸	Ded., then \$10 ⁸	Ded., then \$5	Ded., then \$5	Rx Ge	neric ⁵	\$10	Ded., then \$0	Ded., then \$0	Ded., then \$5	\$5	Rx G	eneric ⁵	\$5	Ded., then \$0	Ded., then \$0	\$5	\$5
Rx	Rx Preferred Brand ⁵		Ded., then \$60	Ded., then \$40 ⁸	Ded., then \$40 ⁸	Ded., then 40%	Ded., then 50%	Rx Prefe	rred Brand ⁵	Ded., then \$60	Ded., then \$40 ⁸	Ded., then \$40 ⁸	Ded., then 40%	Ded., then 40%	Rx Preferred Brand ⁵		Ded., then \$50	Ded., then \$0	Ded., then \$0	Ded., then 40%	20%	Rx Prefer	red Brand ⁵	\$20	Ded., Then \$0	Ded., Then \$0	40%	5%
Rx Non-Preferred Brand ⁵		Ded., then 50%	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then 50%		eferred Brand ⁵	Ded., then 50%	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then 40%	Rx Non-Preferred Brand ⁵		Ded., then 50%	Ded., then \$0	Ded., then \$0	Ded., then 60%	40%	Rx Non-Preferred Brand ⁵		30%	Ded., then \$0	Ded., then \$0	60%	5%	
Ad	Additional Benefits							Addition	nal Benefits						Additional Benefits							Additional Benefits						
Wellness Benefits		N/A	N/A	N/A	Up to \$300 in health & wellness rewards	N/A	Wellne	ss Benefits	N/A	N/A	N/A	Up to \$300 in health & wellness rewards	N/A	Wellness	s Benefits	N/A	N/A	N/A	Up to \$300 in health & wellness rewards	N/A	Wellnes	s Benefits	N/A	N/A	N/A	Up to \$300 in health & wellness rewards	N/A	

Footnotes

1. Abbreviations — Ded: Deductible, Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, Den1:Pediatric Dental Class 1 Series (as indicated by plan), VBID: Value-Based Insurance Design.

2. Specialist co-pay also applies to PT/R3/O7, vision, and any alternative medicine benefits, as appropriate.

3. RR: On-pay is wawled if admitted.

4. Hospital Services are Inpatient (including surgery, ICU/NICU, maternity, SNF and MH/SA). Outpatient (including ambulatory surgery centers); and Radiology (MRI, CT, PET). This cost-sharing will also include physician and anesthesia costs, as appropriate.

5. Each insurance carrier classifies drugs according to its own formulary. To see if a specific drug qualifies for the Generic or Preferred co-pay, view the formularies at http://inch.beathcomenct.veremonic.gov/healthplans or contact RESNY (800-247-2583) or MIVP (844-865-0250).

6. With an aggregate family deductible, your family must meet the family deductible before the plan pays benefits. Some HDHP aggregate family deductibles have an embedded individual maximum out-of-pocket of 57,300 to previous one individual or maximum out-of-pocket of 57,300 to previous one individual or maximum out-of-pocket of 57,300 to previous deductible in or your family deductible and state of the plan pays benefits one you meet either your individual adeductible or your family deductible and silver 37 plans have a \$200 not benefit of \$7,900 to prevent or health your family deductible or your family deductible or your family deductible and \$100 not family give prevent or family pla

http://info.healthconnect.vermont.gov/healthplans.

9 This plan includes deductible-waived vision care for qualifying children. See Summary of Benefits and Coverage for details: http://info.healthconnect.vermont.gov/healthplans#SBCs

Plan details - Different plans cover specific drugs and services in different ways. For specifics, contact BCBSVT (800-247-2583) or MVP (844-865-0250).

VT Rate Tier	Definition
Tier I - Single	One person - the subscriber (may be an adult or a child)
Tier II - Couple	Two persons who are married to each other or are in a civil union, according to the rules of Vermont
Tier III - Single Head of Household (HoH) with One or More Child(ren)	One adult subscriber and one or more dependent child(ren), up to the age of 26
Tier IV - Family	Couple* with one or more dependent child(ren), up to the age of 26

NOTES:

- Children age 26 and over may be covered if deemed incapacitated dependents.

- Dependent children include: biological children, adopted children, step-children, and children for whom subscriber is legal guardian.

- Individual market spouse and/or dependents may enroll in their own unique health plans (e.g., dad enrolls in BCBSVT Gold and mom enrolls in MVP Boroze).

Vermont Household Income Thresholds for Advanced Premium Tax Credits ,PTC), Vermont Premium Assistance (VPA), and Cost Sharing Reductions (CSR)														
Eligibility for 2018 Benefits Determined Based on 2017 Federal Poverty Level (FPL)														
pper FPL% income li	and annual mits for:	Silver 94 (94% AV) CSR Tier I	Silver 87 (87% AV) CSR Tier II	Silver 77 (77% AV) CSR Tier III	VPA & Silver 73 (73% AV) CSR Tier IV	APTC only								
ousehold Size*	100% (for reference)	150%	200%	250%	300%	400%								
1	\$12,060	\$18,090	\$24,120	\$30,150	\$36,180	\$48,240								
2	\$16,240	\$24,360	\$32,480	\$40,600	\$48,720	\$64,960								
	\$20,420	\$30,630	\$40,840	\$51,050	\$61,260	\$81,680								
4	\$24,600	\$36,900	\$49,200	\$61,500	\$73,800	\$98,400								
5	\$28,780	\$43,170	\$57,560	\$71,950	\$86,340	\$115,120								
6	\$32,960	\$49,440	\$65,920	\$82,400	\$98,880	\$131,840								
7	\$37,140	\$55,710	\$74,280	\$92,850	\$111,420	\$148,560								
8	\$41,320	\$61,980	\$82,640	\$103,300	\$123,960	\$165,280								
For each additional erson add	\$4,180	\$6,270	\$8,360	\$10,450	\$12,540	\$16,720								
usehold size = tax filer + spouse (even if they live apart) + tax filer's dependents. Married couples must file jointly to be eligible for APTC and CSR.														

Important
Once confirmed, plan selections cannot be changed until the next open enrollment period, unless someone in your household has a qualifying event. if your health coverage is cancelled due to non-payment, you may not be able to get coverage again until the following January.